

Couples HIV Counseling and Testing

Module Three: Initial Session of the CHCT Intervention

Module Perspective

Participants will return on the second day of training and begin with a morning review of work covered on the previous day. The trainer will facilitate a review of each step of the initial session of the couples HIV counseling and testing (CHCT) Protocol during the course of this day.

Before reviewing each step in Component I [Introduce Couple to CHCT and Obtain Concurrence to Receive Couples Services] of the CHCT Protocol, the trainer will review the roles, responsibilities and expectations of the couple in the CHCT session and conditions for receiving CHCT. The trainer will also outline the structure of the CHCT Protocol before reviewing the first component.

Before reviewing Component II [Explore Couple's Relationship and Reason for Seeking CHCT Services] of the CHCT Protocol, the trainer will lead participants in a review, brainstorm session, and exercise to identify the different types of couples who may seek CHCT services and the specific issues of each type of couple.

An exercise [Johari's Window for Couples] is designed to increase participants' awareness of the things they keep private versus things they openly share in their own lives. Information from the exercise will help participants understand the perspectives of each partner in couple relationships seeking CHCT. The exercise will be conducted before Component III [Discuss the Couples HIV Risk Concerns] is reviewed.

After lunch, the trainer will review Component IV [Prepare for Testing and Discuss Possible Results] before leading the first role play covering Components I–IV.

Objectives for Module Three:

- Discuss the different types of couples seeking HIV counseling and testing services.
- Review the structure of the CHCT intervention.
- Discuss and understand the objectives of each component of the Initial Session:
 - Introduce the couple to CHCT and confirm the couple's agreement to receive CHCT.
 - Explore the couple's relationship and reason for requesting CHCT.
 - Discuss the couple's HIV risk issues and concerns and their options for reducing risk.
 - Prepare the couple for testing and discuss the possible results.

Advance Preparation

- *Prepare Overheads 3-1 through 3-27*

3-1: Conditions for Receiving CHCT Services

3-2: Roles, Responsibilities, and Expectations of the Couple

- 3-3: Realities of Couples HIV Counseling and Testing
- 3-4: Realities of Couples HIV Counseling and Testing (Continued)
- 3-5: Terms and Definitions of CHCT
- 3-6: Terms and Definitions of CHCT (Continued)
- 3-7: CHCT Initial Session
- 3-8: Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couple Services
- 3-9: Component I (Continued)
- 3-10: Pre-sexual Couples
- 3-11: Engaged Couples
- 3-12: Married or Cohabiting Couples
- 3-13: Polygamous Couples
- 3-14: Reuniting Couples
- 3-15: Component II: Explore the Couple's Relationship and Reason for Seeking CHCT Services
- 3-16: Component II (Continued)
- 3-17: Johari's Window for Couples
- 3-18: When Discussing the Couple's HIV Risk Issues and Concerns
- 3-19: (Graphic) Dealing with Issues in the Abstract
- 3-20: Limitations of Individual Risk Assessment When Working with Couples
- 3-21: Component III: Discuss the Couple's HIV Risk Issues and Concerns
- 3-22: Component IV: Prepare for Testing and Discuss Possible Results
- 3-23: Component IV (Continued)
- 3-24: Choosing How to Deliver Test Results to a Couple
- 3-25: Choosing How to Deliver Test Results to a Couple (Continued)
- 3-26: Choosing How to Deliver Test Results to a Couple (Continued)
- 3-27: Providing Test Results

- ***You may want to refer to the following overheads from yesterday***

Overheads 2-12 through 2-15: Mediation Skills for Easing Tension and Diffusing Blame

Overheads 2-16 through 2-17: Solution-Focused Model to Couples Counseling

- ***Write the following titles on separate newsprints***

Types of Couples Who May Seek CHCT

Want to Have Children

Have Children—Want More

Finished Having Children

- ***You will need at least four blank newsprints for the brainstorming exercise on types of couples***

- ***Make copies of Handouts***

Role Play Instructions (H3-1)

Role Play Character Description—Husband (H3-2)

Role Play Character Description—Wife (H3-3)

CHCT Intervention Initial Session Scripts

Day Two
Module 3: Topics/-Activities Schedule

Start time: 8:30am	
Activity	Time
Morning Review	15 minutes
Roles and Responsibilities of the Couple in CHCT Session	20 minutes
Initial Protocol Session (Component I: Introduction)	30 minutes
Types of Couples Seeking HIV Counseling and Testing Services	20 minutes
Types of Couples Seeking HIV Counseling and Testing Services (Continued)—Brainstorming Exercise	20 minutes
Morning Break	20 minutes
Large Group Processing	40 minutes
Initial Protocol Session (Component II: Explore Relationship and Reason for Seeking CHCT)	20 minutes
Exercise: Johari’s Window for Couples	30 minutes
Initial Protocol Session (Component III: Discussion of Risk Concerns)	25 minutes
Lunch	60 minutes
Initial Protocol Session (Component IV: Preparation for Testing)	20 minutes
Choosing How to Deliver Test Result and Preparing the Couple	20 minutes
Role Play Preparation	30 minutes
Role Play #1 (Components I–IV)	30 minutes
Processing of Role Play	15 minutes
End time 3:35pm	

Morning Review

Welcome the participants to the second day of the training. Review the day's agenda, which can also be found in the Participant's Manual. The opening activity will help the participants review the material that was covered yesterday and warm them up for the day.

Ask participants to take 3 minutes to share with a neighbor one piece of information they learned yesterday.

We're going to start this morning with a short review of the material that we covered yesterday. Please turn to one of your neighbors and discuss with that person something that you learned yesterday from either Module One: Background and Discordance, or Module Two: Introduction to Couple Counseling Skills. Then the other person will share something that he or she learned. You will have about 3 minutes to discuss. I will let you know when to return your attention to the large group.

Call time after 3 minutes, and draw the attention back to the large group.

Ask a few participants to share with the large group a piece of information they discussed.

Are there any volunteers who are willing to share with the group something you learned yesterday?

Thank each volunteer for sharing.

Ask if there are any questions about information covered so far.

Go over the day's agenda and introduce the topics you will be covering today.

Before we get started with today's material, are there any questions about any of the material that we covered yesterday?

Today we will be covering:

- How to work with different types of couples
- An introduction to the CHCT intervention procedure
- How to conduct the initial CHCT session
- How to provide a couple with concordant negative results (Module Four)

Roles and Responsibilities of the Couple in CHCT Sessions

Conditions for Receiving CHCT Services

So far we have discussed couples counseling skills and how the counselor can effectively provide counseling and testing to couples. Next we are going to discuss the conditions for receiving CHCT services.

Display Overhead 3-1. Overheads can be found in the Participant's Manual.

Conditions for Receiving CHCT Services

- Partners agree to discuss HIV risk issues and concerns together.
 - Couple is willing to receive results together.
 - Couple commits to shared confidentiality.
 - Disclosure decisions are made mutually.
- Overhead 3-1

The couple should agree to some conditions in order to receive couples HIV counseling and testing services. These conditions include:

- **Partners agree to discuss HIV risk issues and concerns together.**
- **Couple is willing to receive results together.**
This means that the couple will know each other's test results.
- **Couple commits to shared confidentiality.**
Couples should make decisions together about sharing their test results with other people.
- **Disclosure decisions are made mutually.**
Couples should agree not to tell anyone their test results unless both partners agree.

Why are these conditions for couples receiving counseling and testing services important?

Acknowledge responses.

***Couple Roles,
Responsibilities,
and Expectations***

We will cover how to address these conditions with couples during CHCT in more detail later when we discuss how to conduct a session.

Besides these guidelines, there are also expectations for how the couple will interact with each other throughout the session. This can be found in the Participant's Manual.

Display Overhead 3-2.

As you go over the material, engage in a brief discussion of why each bullet point is important.

Roles, Responsibilities, and Expectations of the Couple

- Participate equally in the discussion
- Listen carefully and respond to each other
- Treat each other with respect and dignity
- Be as open and honest as possible
- Provide understanding and support to each other

Overhead 3-2

Roles, responsibilities, and expectations of the couple during a CHCT session include:

- Each partner participating equally in the discussion
- Listening carefully and responding to each other
- Treating each other with respect and dignity
- Being as open and honest as possible
- Providing understanding and support to each other

We will continue to discuss these roles, responsibilities, and expectations as we go over specific CHCT procedures. Many questions that you might have will be answered as we continue with the next section of our training.

Getting Started: the CHCT Intervention's Initial Session

Realities of Couples HIV Counseling and Testing

Begin by discussing the realities of CHCT.

Display Overhead 3-3.

**Realities of Couple HIV
Counseling and Testing**

- CHCT is not marriage counseling.
- Couple issues are more important than individual issues in CHCT.
- Couple may reveal feelings not discussed previously within the couple.

Overhead 3-3

As we discussed yesterday, couples counseling is different from individual counseling in the approach that the counselor must take and the issues that may be raised.

Let's take a moment to talk about the realities of HIV couples counseling that counselors should be comfortable with.

- Remember, **CHCT is NOT marriage counseling.**
- The **couple's issues are more important than individual issues** during a CHCT session.
- If the counselor forms alliances and creates a safe and open atmosphere, **the couple may reveal feelings that have not been discussed previously within the couple.**

Display Overhead 3-4.

**Realities of Couple HIV Counseling
and Testing (Continued)**

- Couples may want to use CHCT to address longstanding issues in their relationship.
- Couples may have issues in their relationship unrelated to HIV.
- Couple—not counselor—is ultimately responsible for what happens in the relationship.

Overhead 3-4

Terms and Definitions

- **Couples may attempt to use CHCT to address longstanding issues in their relationship** or as a lifeline for a failing relationship.
- **Couples may have issues and problems in their relationship unrelated to HIV** or made worse by HIV issues and concerns.
- **The couple—not the counselor—is ultimately responsible for what happens in the relationship.** The couples counselor is neither “binder” nor “breaker.”

What thoughts or comments do you have regarding these realities of couples HIV counseling and testing? What counseling skills might you use to address these realities?

Acknowledge responses.

Remember, couples do make it through the difficulties and challenges that come with being tested for HIV together.

Display Overhead 3-5.

This worksheet defines terms that this training will use frequently. If participants are already comfortable and familiar with these terms, review these definitions quickly. If participants are unfamiliar with them, be sure the group has a basic understanding of them before moving on.

Terms and Definitions of CHCT

- 1) Intervention— A strategy for achieving a specific goal
- 2) Component— A sequence of specific and related tasks that should be addressed when going through the protocol.

Over head 3-5

Display Overhead 3-6.

Terms and Definitions of CHCT
(continued)

- 3) Task— Series of ordered activities to be fulfilled in order to accomplish each component
- 4) Objective— Provides the rationale for focusing on and achieving each of the tasks to be completed
- 5) Script— Consists of questions and remarks that are designed to draw information and accomplish the task

Overhead 3-6

Couples HIV counseling and testing sessions follow a procedure. Before we begin learning the specific procedure of this intervention, take a look at page ___ in your Participant's Manual. This worksheet includes terms and definitions of words we will be using as we learn about the intervention. It's important that everyone understands them and becomes comfortable using them. Let's go over them.

1. Intervention

An intervention is a strategy for achieving a specific goal.

- Examples include prevention of mother-to-child transmission (PMTCT) of HIV, prevention of sexual HIV transmission through abstinence, being faithful, and using condoms; and couples HIV counseling and testing.

2. Component

A component is a sequence of specific and related tasks that should be addressed when going through the intervention.

- For example: Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couples Services.

3. Task

Components are made up of tasks, which are series of ordered activities to be fulfilled in order to accomplish each component.

- For example: Introduce yourself and describe the role of the counselor.

4. Objective

Objectives provide the rationale for focusing on and achieving each of the tasks to be completed.

- For example: Establish the initial rapport and inform the couple of the counselor's responsibilities.

5. Script

Scripts for counselors to follow have been written specifically for this CHCT intervention. The script consists of questions and remarks that are designed to draw information from the couple and accomplish each task.

- For example: "Hello my name is _____, and I will be your counselor today. My role as your counselor is to guide the two of you through the couples counseling session."

Are there any questions about these terms?

Is anyone here familiar with the CDC VCT protocol?

Acknowledge responses.

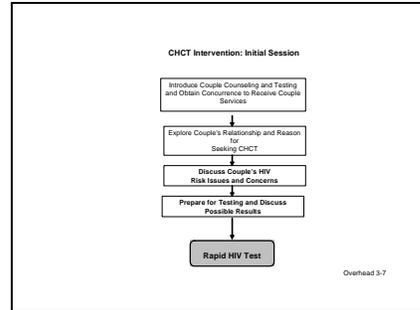
Initial Session Components

Display Overhead 3-7.

Go through the chart in order and discuss the different components of the initial session. The CHCT intervention is similarly structured to the VCT protocol, but it is tailored to couples.

Let's begin learning the CHCT intervention by looking at an overview of the components of the initial session. Then, as we do in the VCT training, we will take a closer look at each component.

The CHCT intervention is divided into two sessions: the initial session and the second session. A significant portion of the counseling session takes place before the HIV test is performed and is referred to as the "**initial session.**" The initial session is made up of four important components that the counselor will address:



- 1. Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couples Services**
- 2. Component II: Explore Couple's Relationship and Reason for Seeking CHCT Services**
- 3. Component III: Discuss the Couple's HIV Risk Concerns**
- 4. Component IV: Prepare for Testing and Discuss Possible Results**

Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couples Services

Display Overhead 3-8.

**Component I: Introduce Couple to CHCT
and Obtain Concurrence to Receive
Couple Services**

TASK 1: Introduce yourself and describe your role as the counselor.

TASK 2: Discuss the benefits of CHCT.

TASK 3: Describe conditions for receiving CHCT services.

TASK 4: Address expectations, roles, and responsibilities of the couple.

Overhead 3-8

Go through the steps listed in the component. Make sure to highlight the objective of each task and to clarify any questions that are raised. Use the script to help explain each point.

Now let's look at the first component of the initial session in more detail. The first component is crucial because it sets the tone for the entire session.

As in the CDC VCT protocol, one goal of the first component is to clarify the purpose and content of the session. The counselor's objective is to calm the couple's anxieties and concerns and to set a collaborative tone for the session. The counselor can do this by accomplishing six tasks.

Task 1: Introduce yourself and describe your role as the counselor

It is essential that from the moment the counselor first meets the couple, she or he uses specific counseling skills (such as those we discussed yesterday) to effectively engage the couple and to assist in managing the couple's communication style.

In your introduction, you establish the initial rapport with the couple and let them know what they can expect from you.

What counseling skills will help engage the couple and assist you in understanding and effectively managing their communication style?

Acknowledge responses.

Responses may include:

- ***Not taking sides and giving both partners equal attention***
- ***Facilitating dialogue between the couple***
- ***Modeling calm, open, and reasoned discussion***

You will have an opportunity to practice these skills during a role play we will do later today.

Task 2: Discuss the benefits of CHCT

The objective of this task is to motivate the couple to engage in the session. Tell the couple about the many benefits of CHCT, including:

- Learning about their HIV status together
- Providing an opportunity for both partners to deal with their HIV concerns together

Task 3: Describe the conditions for receiving CHCT services

Next you should make sure that the couple understands the conditions for receiving CHCT services, which we discussed earlier:

- Discussing risk concerns
- Willingness to receive results together
- Commitment to shared confidentiality
- Mutual disclosure decisions

Task 4: Address expectations, roles, and responsibilities of the couple

The objective of this task is to discuss what is expected of the couple during the counseling and testing session.

When we address expectations and roles and responsibilities of the couple, what are we trying to establish?

Acknowledge responses.

Responses may include:

- ***Ground rules for the session***
- ***Encourage couples to communicate well with each other and the counselor***

- *Partners participate equally*
- *Partners listen and respond to each other*
- *Partners treat each other with respect and dignity*
- *Partners engage in open and honest discussion*
- *Partners provide understanding and support*

One of the things we are trying to establish is ground rules. Why are ground rules important?

Acknowledge responses.

Responses may include:

- *They can be referred back to as necessary throughout the session to keep the session on track and the atmosphere positive.*

Display Overhead 3-9.

Component I (Continued)

TASK 5: Obtain concurrence to receive CHCT.

TASK 6: Give a session overview, including content and timing.

Overhead 3-9

Task 5: Obtain concurrence to receive CHCT

Why is making sure the couple understands and agrees to the roles and expectations important?

Acknowledge responses.

Responses may include:

- *By obtaining concurrence, you confirm that both members of the couple willingly engage in CHCT.*

Generally, couples that request CHCT services have identified HIV as an issue of concern and have decided to deal with it together.

Task 6: Give a session overview, including content and timing

This task provides clarity about the content of the session and the facility procedures. Before the session starts, it's important to be sure the couple has a good idea of exactly what will take place, what they will discuss, how the test is administered, what happens after the test, and how long the whole session will likely last. CHCT session content includes:

- Reviewing the couple's situation
- Discussing HIV risk issues and concerns
- Preparing for the HIV test and discussing possible results
- Taking the rapid HIV test
- Receiving results
- Counseling based on results

Remember, a difference between VCT and CHCT is that in CHCT there is no risk assessment. Instead, risk issues and concerns are discussed.

In a couples counseling setting, covering these six tasks from Component I should take less than 5 minutes.

Give participants a moment to review the background information, tasks, and objectives of Component I in their manuals on page ____.

Take a moment to review the material and background for Component I we have covered so far in your manuals. Are there any questions?

Types of Couples Seeking HIV Counseling and Testing Services

Begin this section by asking participants to name different types of couples that may seek couple HIV counseling and testing services. Write these types of couples down on the newsprint. Show prepared newsprint listing the following types of couples: Pre-sexual, Engaged, Married or Cohabiting, Polygamous, and Reuniting. Participants may have named types of couples who do not fall into these categories, such as casual sex partners. For the purpose of this training, the focus will be on the categories of couples listed in this text, into which most couples seeking CHCT fall. Be sure to clarify this expectation to the participants. Next, go through the first overhead in detail using the overhead provided. Then break participants into small groups to brainstorm possible issues for the remaining four types of couples.

Display newsprint.

Types of Couples Who May Seek CHCT

(List here the participants' responses.)

In the next component of the CHCT session, the counselor and couple discuss the stage of the couple's relationship and the reasons they have come to get tested for HIV. Before we review this component, it's important to discuss the many types of couples who may come in for counseling, for instance a married couple. Can you name other types?

Acknowledge responses and write them on the newsprint.

Responses should include:

- *Pre-sexual*
- *Engaged*
- *Married or cohabiting*
- *Polygamous*
- *Reuniting*
- *Do not have children*
- *Have children and want more*
- *Finished having children*

Show prepared newsprint and state: for the purposes of this training, we will focus on the following types of couples: pre-sexual, engaged, married or cohabiting, polygamous, and

reuniting. Each of these types can have the following characteristics: do not have children, have children and want more, and finished having children.

Pre-sexual Couples

Display Overhead 3-10.

Presexual Couples

- May use CHCT to decide whether to pursue long-term relationship based on test results.
- If discordant, it's possible the relationship will dissolve.
- HIV-infected partner may have reasonable confidentiality concerns that negative partner may disclose results.
- Counseling session may focus on how the couple will supportively manage changing the course of their relationship.

Overhead 3-10

Let's begin our discussion with the pre-sexual couple.

Pre-sexual couples may be using CHCT to decide whether to pursue a long-term relationship based on their test results. This is a prudent course of action and the couple should be commended for their commitment to acting responsibly and getting tested. However, it presents the counselor with some challenges.

- If the couple is discordant, it's possible the relationship will end.
- If discordant, the HIV-positive partner may be concerned about confidentiality and whether the HIV-negative partner will disclose the test results.

Therefore, the counseling session ultimately may focus on how the couple will supportively manage changing the course of their relationship.

Brainstorming Exercise

Introduce the exercise.

Quickly divide the participants into four groups. You may have them count off (1,2,3,4,1,2,3,4, etc.) or break into groups in another way.

Assign each group a type of couple:

- **Engaged**
- **Married or cohabiting**
- **Polygamous**
- **Reuniting**

***Give each group a piece of newsprint and a marker.
Ask each group to consider its type of couple and the issues that might come up for them during a CHCT session. Groups should write their ideas on the newsprint as they discuss.***

Let the groups know that they will have 10 minutes for this activity.

Let's continue to explore how a couple's life stage influences their CHCT session with a short brainstorming exercise about the other types of couples.

First, I am going to divide you into four groups.

Each group will be assigned a type of couple: engaged, married or cohabiting, polygamous, or reuniting.

In your small group, discuss the type of couple you have been given and what issues their relationship stage may present during a CHCT session. As you discuss, write your ideas on the newsprint provided.

You will have 10 minutes to discuss. Then we will take a short break. When we return, a spokesperson from each group will present a summary of their ideas.

Are there any questions?

Answer any questions and ask the groups to begin.

While the groups discuss, walk around the room to answer any questions that might come up and to help groups stay on track. Let them know when they have only a few minutes remaining.

Morning Break

Announce morning break and clarify time to reconvene.

Processing the Exercise

Welcome the group back from break.

Tell the group that each spokesperson will now present the ideas and issues that his or her small group came up with. Each spokesperson will have no more than 2 minutes.

After each spokesperson's presentation, go over the Overhead that corresponds to the couple type to summarize and make sure no points were missed.

Participants can take notes in the Participant's Manual.

Thank each presenter and allow for discussion and questions as necessary.

The following overheads will be used throughout the processing of the exercise:

Overhead 3-7: Engaged Couples

Overhead 3-8: Married or Cohabiting Couples

Overhead 3-9: Polygamous Couples

Overhead 3-10: Reuniting Couples

The overheads can be found in the Participant's Manual.

Now we are going to process the ideas of each group. A spokesperson from each group will have no more than 2 minutes to present the group's ideas. Then we will go over that couple type in more detail. When we are finished, we will be ready to go over the second component of the initial session.

Engaged Couples

Will a spokesperson from the group that discussed engaged couples please present your ideas about the type of couple you were given and what issues their relationship stage may present during a CHCT session?

Thank the spokesperson when he or she is finished presenting. Then display Overhead 3-11, and continue a brief discussion.

Display Overhead 3-11.

Engaged Couples

- May have difficulty continuing relationship if discordant.
- May be publicly recognized by family and friends as engaged and in a serious relationship.
- May have limited skills and experience in dealing with stressful and difficult circumstances as a couple.

Overhead 3-11

**Married or
Cohabiting
Couples**

The engaged couple may have difficulty continuing a relationship should the partners be discordant. However, it may be difficult for the couple to acknowledge this initially, as emotions at this point in a relationship are very intense. The partners may make testimonials to their commitment and the power of their love.

Family and friends have often publicly recognized an engaged couple's relationship. Elaborate plans and arrangements for a wedding may have been made. Many confidentiality and disclosure implications result if the partners alter their plans based on their test results.

Young couples who receive concordant positive results are faced with difficult psychological and interpersonal challenges. They thought their future was full of dreams and promise, and the results may be a shock. The partners may have limited skills and experience in dealing as a couple with stressful and difficult circumstances.

Ask if there are any questions or comments.

Acknowledge questions or comments. Continue with group presentations, allowing no more than 2 minutes for each group to present. Follow each presentation with a more thorough discussion about each type of couple using the overheads and script.

Will the spokesperson for married or cohabiting couples please present?

Allow group spokesperson to present.

Thank the spokesperson when he or she is finished presenting. Then display Overhead 3-12 and continue a brief discussion.

Married or Cohabiting Couples

- Define their lives collectively, as a couple.
- Have skills and experience in coping together with problems.
- May have preexisting conflicts and issues in their relationship.

Overhead 3-12

**Polygamous
Couples**

Couples who are married or cohabiting generally have come to define their lives collectively as a partnership. They may be more interdependent socially, financially, and emotionally.

These couples may have more skills and experience in coping together with problems.

Alternatively, these couples may have preexisting conflicts and issues in their relationships that impede their communication and ability to work together to address HIV issues.

Ask if there are any questions or comments.

Acknowledge questions or comments.

Will the spokesperson from the group discussing polygamous couples please present?

Thank the spokesperson when he or she is finished presenting. Then display Overhead 3-13 and continue the discussion.

Polygamous Couples

- Have complex dynamics.
- If only one wife is present for CHCT, there are potentially problematic implications for the absent wife or wives.

Overhead 3-13

Polygamous couples have many complex dynamics. The wives may not be equal partners with the husband. If all partners are receiving CHCT together, the dynamics may be quite challenging. If only one wife comes with the husband, the reasons for this may pose potentially problematic challenges. What transpires in the counseling session and the test results substantially impact another wife who is not present.

Ask if there are any questions or comments.

Acknowledge questions or comments.

Reuniting Couples

Will the spokesperson for the group that discussed reuniting couples please present?

Thank the spokesperson when he or she is finished presenting. Then display Overhead 3-14 and continue the discussion.

Reuniting Couples

- Reasons for separation may influence the dynamics of the CHCT session.
- Couple may have been separated for a long time.
- Counselor must acknowledge the existence of past issues.
- Counselor must keep couple focused on present and future.

Overhead 3-14

For reuniting couples, the circumstances behind the separation may influence the dynamics of the CHCT session and substantially affect the partners' ability to deal with their test results. Couples who separate due to marital discord often have struggled with issues of trust, faithfulness, and communication. If the couple has not addressed these issues before reuniting and seeking CHCT services, it may be difficult for the partners to deal with concordant positive or discordant test results supportively. In other instances, the couple may have been separated for a lengthy period because of employment or educational opportunities or responsibilities for other family members.

When working with reuniting couples, it may be helpful for the counselor and couple to acknowledge the issues that led to the separation period and that the time apart may have had benefits and risks for the relationship.

As we've all noted and highlighted, unique issues and situations influence each couple. The counselor must understand this to be effective.

Ask if there are any questions or comments.

Acknowledge questions or comments.

Role of Children in A Couple's Relationship

Review with the participants how family planning issues influence a couple's behavior.

Create three newsprints with the following titles including the bulleted information below:

- ***Couples who want to have children***
- ***Couples with children who want more***
- ***Couples who are finished having children***

Children are an important issue in a couple's relationship. Therefore, let's review the unique issues and implications for a couple in the following situations:

- Want to have children
- Have children—want more
- Finished having children

This material can be found in the Participant's Manual.

Couples who want to have children

- There may be a desire to end the relationship if one member of the couple is HIV-positive.
- Family and cultural pressure to conceive may contribute to increased risk behavior.

Couples with children who want more

- Partners are more likely to continue their relationship regardless of their test results.
- Partners perceive themselves and are perceived by others to be a family.
- The well-being and future of their children is a powerful influence in the relationship, the extended family, and community.
- The desire for more children may influence the couple's risk reduction decisions.

Couples who are finished having children

- Although the test results will not complicate this decision, these parents need to consider other issues related to their children, such as disclosure and planning for their future.

Disclosure to children will be discussed in more detail in Module Five.

Each couple will be influenced by the partners' relationship and life stage. This affects their ability to deal with their test results, change their behavior, and reduce the risk of acquiring or transmitting HIV.

As we stated earlier, the counselor's role in CHCT is not meant to be that of a marriage counselor. Instead, the counselor should be considered a trained professional who understands the unique issues and circumstances of couples. During a CHCT session, counselors can effectively direct communication and help the couple focus on solutions.

Are there any questions?

Component II: Explore Couple's Relationship and Reason for Seeking CHCT

Introduce Component II Tasks

Do a quick review of the material you have covered so far today. Remind the participants what was covered in Component I. Then go through the tasks and objectives of Component II one at a time using the overheads and the script. Give the participants a moment to look over the background information, tasks, and objectives for Component II. These can be found in the Participant's Manual.

In the first component of the initial session, the counselor welcomes the couple, receives a mutual agreement from both individuals to accept their roles and responsibilities, and informs the couple about the session content and counseling and testing procedures.

Now we are ready to discuss the next part of the CHCT session, Component II. In Component II, the counselor and couple discuss the stage of the couple's relationship and the reasons they have come to get tested for HIV.

The previous exercise showed us that many issues influence the discussion, including the duration of the couple's relationship and their family situation, living arrangements, future plans, and extended family relationships. Therefore, during this component, the counselor asks the couple about their history together and their relationship. The discussion also helps the counselor to assess the couple's relationship stage and communication and decision-making styles.

Display Overhead 3-15.

**Component II: Explore the Couple's
Relationship and Reason for
Seeking CHCT Services**

TASK 1: Establish the nature and duration of the couple's relationship, including:

- Living arrangements
- Marital status
- Plans for the future

TASK 2: Address family planning and childbearing issues and choices, as appropriate

TASK 3: Review how the couple came to the decision to seek CHCT services:

- Decision process

Overhead 3-15

Task 1: Establish the nature and duration of the couple's relationship

This includes the couple's living arrangements, marital status, and plans for the future.

The counselor's objective is to develop an understanding of the couple's history, their interactions, and their family resources. These may influence the couple's reaction to test results and their ability to adopt necessary behavior changes.

This information helps the counselor tailor the CHCT session to the couple's unique circumstances. The key for the counselor is to start the process of understanding the couple as a unit.

Task 2: Address family planning and childbearing issues and choices

The counselor's objective is to help the couple consider HIV-related childbearing issues and choices. As we discussed earlier, the counselor should determine whether the couple has children or wants children.

Task 3: Review how the couple came to the decision to seek CHCT services

- **Decision process**

Display Overhead 3-16.

Component II (Continued)

TASK 4:
Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.

TASK 5:
Summarize and reflect on the couple's history and current situation.

Overhead 3-16

Task 4: Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.

The counselor's objective is to understand, validate, and normalize the couple's experience.

The more the couple can be supported to embrace CHCT as a couple rather than as individuals, the more likely they will respond positively to the experience.

**Exercise:
Johari's Window
for Couples**

Task 5: Summarize and reflect on the couple's history and current situation

The counselor's objective is to ensure that he or she understands the couple's circumstances. Summarizing and reflecting indicate to the couple that the counselor has paid attention.

Give participants a moment to review the background information, tasks, and objectives of Component II in their manuals on page ____.

Background information, tasks, and objectives of Component II can be found in your manuals. Please take a moment to review the information.

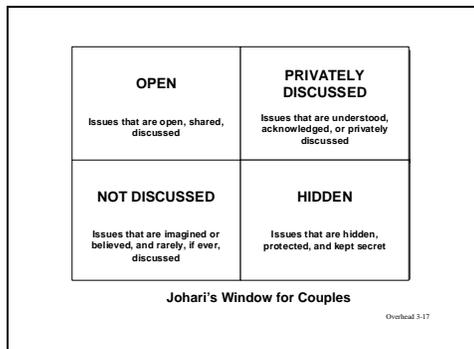
Are there any questions?

Now we are going to conduct an exercise that will help you to identify the challenges of sharing and addressing personal information in a counseling session. This will prepare us to discuss Component III: Discuss Couple's HIV Risk Issues and Concerns.

Background information for Johari's Window:

Johari's Window is a tool often used in counseling that has been adapted for this training for use with couples. This tool helps identify what thoughts and feelings individuals willingly share with others and what things they keep to themselves, particularly in a counseling situation.

Display Overhead 3-17. Ask the participants to turn to this overhead in their manuals.



Introduce Johari's Window and give participants a moment to look at it.

Give a detailed explanation of each box.

Johari's Window is a tool often used in counseling situations. For this training it has been adapted for working with couples. Johari's Window helps counselors understand how to address different types of issues during a couples counseling situation.

We all have our own Johari's Window, which dictates how much we are willing to share about ourselves and with whom, particularly in a counseling situation with our partners who may not know all of our concerns, secrets, and fears. We will talk more about addressing certain issues during counseling sessions when we review the next component, Discuss Couple's HIV Risk Issues and Concerns.

Each box in this diagram has a name that represents the nature of issues and how and if they are shared in a couple relationship.

“Open” Box: These issues are open, shared, and discussed

The box in the top left of Johari's Window represents things that you are proud of and that you share and discuss openly with your family and extended family. These may include:

- Your child's accomplishments
- Professional goals and ambitions
- Relationship status (engaged, married, etc.)

“Privately Discussed” Box: These issues are acknowledged, understood, and privately discussed

The box in the top right of Johari's Window represents things that you share with your partner. These may include:

- Financial circumstances
- Detailed information about personal family situations

“Not Discussed” Box: These issues are imagined or believed and they are generally not discussed

The box in the lower left of the window represents things in your relationship that you know about but don't talk about. These things are rarely—if ever—discussed. These may include:

- Believing your partner drinks when away from home on business
- Believing your partner secretly dislikes your mother or relatives

“Hidden” Box: Issues in this box are hidden, protected, and secret

This box represents things you are guilty or ashamed of, or embarrassed about. These may include:

- A sexual encounter or fantasy
- Something you did while drunk
- An abusive relationship
- Sexual assault or having been forced to have sex

Give the participants a moment to reflect on their own Johari’s Window, but inform them that they will not be asked to share their personal information.

Now, take a moment to think about your own Johari’s Window. I will not ask you to share your personal information; I simply want you to consider the issues you would share readily and those that you keep more to yourself.

Understanding how to address open, privately discussed, not discussed, and hidden issues is extremely important for couple counselors.

Talking about **open issues** often helps the counselor establish a rapport with the couple. As the couple discusses issues they are comfortable with, they begin to open up to the counselor. This also gives the counselor a chance to show interest in the couple and to validate their situation.

What are some open issues you can think of that might be discussed in a CHCT session?

Acknowledge responses.

Examples of statements and comments counselors can use to begin discussing open issues:

- *“Tell me about your relationship”*
- *“Tell me about your children”*

Counselors can address **open issues** freely and directly. This information can be discussed without concern for either partner's reaction.

Self-awareness helps counselors identify what can be openly shared between the partners in the couple.

Privately discussed issues are usually shared only within the couple. Once the counselor has established a rapport with the couple and formed an alliance with them, these issues may be brought up. However, privately discussed issues should be addressed gently and with sensitivity and understanding.

What are some examples of privately discussed issues?

Acknowledge responses.

Privately discussed issues may include:

- *Details of a recent death in the family or other personal family circumstances*
- *Financial situation*

Information in the **open** and the **privately discussed** boxes is less of a challenge for couples to discuss in a counseling situation. Information found in the “not discussed” and “hidden” boxes is the most challenging for couples HIV counselors to address and tackle.

If the counselor establishes a safe and open environment, **issues that have never or rarely been discussed** openly within the couple may come up during a CHCT session. Should this happen, the counselor will need to use appropriate counseling skills to help the couple communicate and work through the issues. These include:

- Directing communication
- Keeping the couple focused on the present and future
- Looking for solutions
- Using the couple's strengths
- Easing tension and diffusing blame

If necessary, review from yesterday Overheads 2-13 through 2-17: Mediation Skills for Easing Tension and Diffusing Blame.

Can you name any issues from the “not discussed” box that may come up—either directly or indirectly—in a CHCT session?

Acknowledge responses.

Issues that are not discussed may include:

- ***Suspicious that partner is unfaithful***
- ***Suspicious that partner has a drinking problem***
- ***Belief that your partner dislikes your mother or relatives***

The counselor should never ask questions about or push a couple to discuss issues in a couple’s “not discussed” box. Couples may not be forthcoming at all with this information. Remember, these issues have rarely or never before been addressed in the relationship.

Imagine that a couple comes into a CHCT session. Based on the wife’s comments, you as the counselor believe that she thinks her husband drinks when he travels, but she is afraid to discuss it.

How would you handle that situation?

Acknowledge responses.

One way to address issues that are not discussed is to use similar situations or stories with solutions. The couple may have an easier time discussing a situation if it is spoken about in terms of other people rather than the couple themselves.

For instance, a counselor with a client who seemed suspicious of her husband’s faithfulness and the impact it would have on the relationship could say the following: “Some couples who are apart from each other often worry about their spouse remaining faithful. In those cases we would discuss how each partner would protect himself or herself and their partner from HIV by either remaining faithful or using condoms.”

The key for the counselor is to address these issues in the abstract without making the couple verbalize them.

Hidden issues should NEVER be discussed directly in a couples counseling and testing session. Issues in the “hidden” box are often considered shameful, secret, or embarrassing.

When discussing risk issues or concerns, hidden issues may be brought up in the abstract, but they should not be referred to openly or directly unless the couple brings it up.

Acknowledging the couple as the experts in their relationship, demonstrating competence as a counselor, and showing empathy are critical skills for working with couples' issues that are kept in the "hidden" box.

What are some examples of issues in a person's "hidden" box?

Acknowledge responses.

Hidden issue responses may include:

- ***Details about a previous relationship***
- ***Something that happened when drunk***
- ***Sexual fantasies***

It's the counselor's role to understand which issues fall in which box for the couple. Counselors should remember that some issues may fall in one couple's open box, in which case the issue can be discussed freely and directly. The same issue can fall in another couple's hidden box, in which case the issue should be discussed in the abstract. Everyone's Johari's Window will have open, privately discussed, not discussed, and hidden boxes. Counselors can address "open" box issues freely, and they can gently inquire about issues in the couple's "privately discussed" box. Issues in the couple's "not discussed" box can be addressed with similar situations. "Hidden" box issues should always be addressed in the abstract. (*Reference: Luft 1970*)

Component III: Discuss the Couple's HIV Risk Concerns

Couple's Risk Issues and Concerns

Display Overhead 3-18.

When Discussing the Couple's HIV Risk Issues and Concerns

- Focus on the couple's present and future.
- Diffuse blame.
- Address risk issues each partner is capable of disclosing.
- Emphasize communication and cooperation.
- Deal with potential undisclosed risk issues in the abstract.

Overhead 3-18

Component III of the initial session focuses on engaging the couple in a discussion of their risk issues and concerns. The goal is to enhance the couple's ability to communicate about HIV risk behaviors and related issues. This discussion should not be a relentless pursuit of the truth or forced disclosure of an individual's past behaviors. The focus should always remain on what can be done now.

Before we go through the specific tasks of this component, let's go over some key issues counselors should keep in mind.

When discussing risk issues and concerns with a couple, counselors should keep in mind the following key points:

- **Focus on the couple's present and future.** It's not the counselor's job to pull out past issues. The past cannot be changed and should be left in the past.
- **Diffuse blame.** Discussion of risk is not about blame—it is about prevention. Discussion of when and by whom one or both partners became infected is discouraged. In countries where HIV is widespread, anyone could be HIV-positive. Being HIV-positive does not mean that a person did something wrong.
- **Address risk issues each partner is capable of disclosing.** Again, it's not the counselor's job to pull out past issues.

**Dealing with
Issues in the
Abstract**

- **Emphasize communication and cooperation.**
- **Deal with undisclosed potential risk issues in the abstract.**

Think of the Johari's Window exercise. In what box would undisclosed potential risk behavior fall?

Acknowledge responses. Responses should include:
Undisclosed potential risk behavior would fall in the “not discussed” box or the “hidden” box.

Ask the participants to turn to Overhead 3-19 in their manuals and review the picture. Display Overhead 3-19.

Knowing when and how—whether directly or in the abstract—to address risk issues and concerns is an important part of couples HIV counseling.

Turn to Overhead 3-19 in your manuals and review the picture of a couple in a CHCT session.



Can someone describe what is going on in the picture?

Acknowledge responses.

Limitations of Individual Risk Assessments When Working with Couples

This picture shows a counselor bringing up the topic of outside partners without directing the comment to either member of the couple. The counselor discusses it in the abstract.

As he does this, both members of the couple think about their past experiences outside of the relationship and potential for infection. Sometimes a counselor can refer in general terms to possible exposure to HIV before the relationship began. This can help ease tension and diffuse blame. However, if one or both partners deny having any other partners, a positive test result can be difficult to reconcile. Therefore, a counselor should strive to keep discussion of other previous or current partners in hypothetical, abstract terms.

Discuss why the CHCT intervention does NOT recommend separating couples for risk assessment.

Because discussing risk issues and concerns with a couple may address issues in individuals' "not discussed" and "hidden" boxes, some counselors may have considered separating couples for individual risk assessments when they come in for counseling and testing. **This CHCT intervention does not recommend separating couples for individual risk assessments.**

Display Overhead 3-20.

Limitations of Individual Risk Assessments When Working with Couples

1. Undermines the couple's decision to deal with HIV in their relationship together.
2. Counselor may learn information one partner is unwilling to disclose to the other.
3. Confidential issues may influence counselor to support one partner unintentionally.
4. Separating partners implies there are secrets.

Overhead 3-20

Let's look at some of the reasons why we recommend addressing risk issues and concerns with the couple together.

The partners sought services as a couple, not as individuals. By doing so, they have indicated that they are choosing to deal with HIV issues in their relationship as partners. Separating partners may undermine this commitment.

The information disclosed in individual sessions is confidential and cannot be shared with the other partner. Consequently, this information cannot be shared in a CHCT session.

Once a **counselor becomes aware of information a partner is unwilling to disclose to the other**, the information may **influence the counselor to support one partner over the other unintentionally**.

When couples are separated to discuss risk issues and concerns, it **implies that there are secrets, and there may be**. Secrets generate distrust and represent a failure to communicate. Risk reduction for the couple requires trust, communication, and cooperation. Mutual discussion of the couple's HIV risk concerns models reinforcing trust, as well as open communication and cooperation within the couple relationship.

Remind participants that a big difference between VCT and CHCT is that CHCT covers a discussion of a couple's risk issues and concerns, during which issues in a couple's "not discussed" and "hidden" boxes are discussed only in the abstract; however there is no risk assessment conducted. VCT conducts a risk assessment, during which these issues may be addressed more directly.

Remember, couples HIV counseling and testing is different from individual counseling and testing because in couples counseling, the discussion is about the couple's risk issues and concerns. Individual counseling includes a risk assessment, and Johari's Window "hidden" box issues can be addressed.

A preferred alternative to separating couples is to proceed with a discussion of the couple's risk issues and concerns and to offer one or both partners the opportunity to return individually to discuss issues and concerns in another session. **Because we are trying to model communication and openness, we do not want to separate couples for risk assessment.**

**Component III:
Discuss the
Couple's HIV
Risk Issues and
Concerns**

Display Overhead 3-21.

**Component III: Discuss Couple's HIV
Risk Issues and Concerns**

TASK 1: Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future.

TASK 2: Address indicators of increased risk.

- Note factors frequently associated with HIV infection, such as history of illness, STIs, or TB
- Listen for possible risk circumstances, such as:
 - Separation because of travel or work
 - Alcohol or drug use
 - Second wife or multiple partners
 - Men having sex with men
 - Commercial sex workers
 - Occupational exposure for Health Care Workers

TASK 3: Summarize the risk discussion and provide motivation and support.

Overhead 3-21

Now let's look at the specific tasks of Component III that take the counselor and couple through the discussion of risk issues and concerns.

Task 1: Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future

The counselor's objective is to understand the couple's perception of risk and to what extent the couple has discussed HIV risk issues and concerns previously. Have the partners communicated about HIV? Do they share any concerns regarding risk?

Task 2: Address indicators of increased risk

- Note factors frequently associated with HIV infection, such as history of illnesses, STIs, or TB
- Listen for possible risk circumstances, such as:
 - Separation because of travel or work
 - Alcohol or drug use (especially intravenous drug use)
 - Second wife or multiple partners
 - Men having sex with men
 - Commercial sex workers
 - Occupational exposure for Health Care Workers

The counselor's objective is to identify and note factors frequently associated with being at high risk for HIV infection. The counselor should also note factors associated with increased risk behavior and increased likelihood of acquiring or transmitting HIV. Does either member of the couple mention symptoms or illnesses that cause you to be concerned that he or she may have HIV?

The counselor should use general terms and speak in the abstract about issues that are not discussed directly by the partners such as:

- Frequent separation because of work or travel
- Alcohol or drug use
- Second wife or other partners

Task 3: Summarize the risk discussion and provide motivation and support

The counselor's objective in this task is to organize and describe the complexity of factors and dynamics that constitute the couple's HIV risk. This provides the couple with both motivation and support.

Give the participants a few moments to review the background information, tasks, and objectives for Component III in their manuals on page _____. Answer any questions about the material so far.

Please take a moment to review this information and the background information for Component III in your manuals.

Are there any questions?

Lunch

Let the participants know that it is time for lunch. Be sure everyone knows what time to return. After lunch you will cover Component IV and conduct a role play.

Component IV: Prepare for Testing and Discuss Possible Results

Component IV: Prepare for Testing and Discuss Possible Results

Welcome the participants back from lunch. If appropriate, do a quick review or energizer to help the group regain focus.

Review the CHCT session components that you have discussed so far:

- I. Introduce the couple to CHCT and obtain concurrence to receive couples services*
- II. Explore couple's relationship and reason for seeking CHCT services*
- III. Discuss couple's HIV risk concerns*

Move on to the fourth and last component of the CHCT initial session, which discusses the couple's options for reducing risk.

Display Overhead 3-22.

Component IV: Prepare for Testing and Discuss Possible Results

TASK 1: Explain the meaning of positive and negative results.

TASK 2: Explain that the couple could have the same results:

- Concordant positive
- Concordant negative

Overhead 3-22

Now let's review the last component of the initial session, Component IV: Prepare for Testing and Discuss Possible Results.

This component provides the counselor the opportunity to review with the couple the meaning of positive and negative test results. This ensures that the results will be understood clearly by both partners.

To help contain the couple's anxiety, the counselor should explain what will happen during the testing process, how long it will take, when results will be available, and how the counselor will deliver the results to the couple.

Task 1: Explain the meaning of positive and negative results

The counselor's objective is to make sure both individuals know what it means to be HIV positive or negative.

Task 2: Explain that the couple could have the same results:

- Concordant positive
- Concordant negative

Display Overhead 3-23.

Component IV (Continued)

TASK 3: Discuss discordance.

- Discordance occurs frequently
- Does not mean uninfected partner is immune
- Uninfected partner remains at risk

TASK 4: Guide the couple through the testing process and describe how the test results will be provided:

- The couple will have results that are either the same or different
- Individual results will be provided
- Counseling is provided based on the test results.

Overhead 3-23

Task 3: Discuss discordance

The counselor's objective is to explain discordance and clarify the implications. The counselor needs to explain that:

- Discordance occurs frequently
- Discordance does not mean the uninfected partner is immune
- The uninfected partner remains at risk

As future ambassadors of CHCT to their friends and families, it is extremely important that couples know that discordance is possible.

Task 4: Guide the couple through the testing process and describe how the test results will be provided

The counselor can reduce the couple's anxiety by providing a clear description of the testing process and how the couple will be informed of their results.

- The couple will have results that are either the same or different
- Individual results will be provided
- Counseling will be provided based on the test results

When explaining the process, the counselor should describe what will happen during the testing process, how long it will take, when results will be available, and how the counselor will deliver the results to the couple.

Choosing How to Deliver HIV Test Results and Preparing the Couple

Factors to Consider in Delivering Test Results

Display Overheads 3-24 to 3-26.

Choosing How to Deliver HIV Test Results to a Couple

Factors to consider:

- Partners chose to come together to learn their HIV status as a couple
- Couple may be either concordant or discordant.
- Each partner individually is either positive or negative.

Overhead 3-24

There are some special considerations for delivering test results to couples, rather than individuals, that we will discuss in a moment. First, let's review how to prepare a couple to receive test results. This overhead can be found in the Participant's Manuals.

When deciding how to deliver HIV test results to a couple, there are several factors to consider.

- The partners chose to come together to learn their HIV status as a couple.
The couple may be concordant or discordant.
Each partner individually is either positive or negative.

Choosing How to Deliver HIV Test Results to a Couple (Continued)

Factors to consider:

- The better able the partners are to handle HIV in their shared lives as a couple, rather than as individuals, the more likely they will be able to cope.
- Counselor should support the couple to address HIV in terms of "we" and "our," rather than "I," "his," or "hers."

Overhead 3-25

- The better able the partners are to handle HIV in their shared lives as a couple, rather than as individuals, the more likely they will be able to cope.
The counselor's interaction with the couple should support the couple's efforts to address HIV in terms of "we" and "our," rather than "I" or "his" or "hers."

Choosing How to Deliver HIV Test Results to a Couple (Continued)

Factors to consider:

- Counselor provides a summary of the results to the couple.
- If discordant, counselor starts by saying the results are different.
- Counselor provides results for the HIV-positive partner first.

Overhead 3-26

- The counselor provides a summary of the results to the couple. This reinforces that the partners are dealing with the results together.
- If discordant, first the counselor informs the couple that their test results are different. Then the counselor should allow a split second for both partners to consider that either one of them could be HIV-infected.
If discordant, the counselor provides the HIV-positive partner's result first. This places the focus of the session on supporting the infected partner.

Are there any questions or comments about these considerations?

Answer or clarify as necessary.

(Reference: Skerrett 2003)

**Providing the
Test Results**

Display Overhead 3-27.

Providing Test Results

Concordant:
"Both of you have tested HIV-positive."
OR
"Both of you have tested HIV-negative."

Discordant:
FIRST: "Your test results are different."
THEN: Provide HIV-positive result to infected partner.

Overhead 3-27

The couple's results are given as a summary of their combined results.

To do this, counselors should tell the couple **if they are concordant:**

State: "Both of you have tested HIV-negative"

OR: "Both of you have tested HIV-positive"

If the couple is discordant:

FIRST: "You each have different test results"

THEN: HIV results are provided to the HIV-positive partner first

Are there any questions?

Distribute counselor scripts for initial session to all participants.

Allow a moment to review.

Address questions or comments.

Role Play of Initial Session Incorporating Components I–IV

Preparation for the Role Play

After introducing the role play, divide the participants into groups of three using the participant coding sheet, and let participants know which role they will be playing.

Remind the participants in the role of a counselor to bring their scripts for the initial session and distribute the appropriate background description to those playing the male and female in the couple. Allow the participants some time to review their role. Once the role play begins, walk around the room, and pay attention to how groups are doing. Give encouragement and support as necessary to help the groups follow the tasks and objectives of each component and conduct their session within the allotted amount of time. The role play should last 25 minutes. Be sure to let the participants know when they have only 5 minutes remaining.

We are now ready to conduct a role play to practice the content of the initial session, Components I–IV of the CHCT intervention. In this role play, counselors will introduce the couple to CHCT, obtain their concurrence to receive CHCT services, and then lead them through preparations for taking the HIV test and receiving results. Those who play the couple should follow the roles as they are outlined in their background descriptions.

A key point to remember when conducting this role play is that counselors sometimes fear the worst reaction from a couple. However, in reality, these extreme reactions seldom occur. Most couples are able to work through their problems and support each other. The aim of this role play is to practice the specific tasks in each component of the initial session. Act your part realistically during the role play. This will allow those playing the role of counselor to practice using the script. This will help you take what you learn during the training and apply it to a couple HIV counseling and testing session at your own site.

Refer to Overheads 2-16 and 2-17 from yesterday: Solution-Focused Model of Couple Counseling.

During the role play, counselors should remember to use the mediation skills we discussed yesterday:

- Focus on solutions, not problems
- Ease tension and diffuse blame
- Focus on the present and future
- Avoid and deflect questions aimed at identifying the potential source of infection

Distribute background description handouts for this role play. Be sure that each person receives only the appropriate background description.

For those of you playing the role of counselors, keep in mind the components, tasks, and objectives of the initial session that were discussed today. During the role play, you should use the script I am handing out to help you stay on task.

For those of you playing the male or female in the couple, read your partner description carefully. Do not share your handout with your partner or the counselor. Be sure to play your part realistically and to agree as a couple to receive couple HIV counseling and testing services.

Let them know they will have 25 minutes for the exercise.

You will have 25 minutes for this role play. I will let you know when you have only 5 minutes left so that you can wrap up. Afterwards, we will discuss it as a whole group.

What questions do you have?

**Processing the
Role Play**

When time is up, bring everyone back together in a big group. Use the following questions to discuss groups' experiences and the effectiveness of the different tactics counselors used.

Questions for counselors:

- How easy or difficult was it to explore the couple's life stage and discuss why the couple was requesting CHCT?
- How easy or difficult was it to equally engage both members of the couple in a discussion about HIV issues and concerns?
- How easy or difficult was it to facilitate a dialogue about their options for reducing risk?
- How did you normalize feelings, reactions, and experiences for your couple?

Questions for the couple:

- What skills did your counselor use?
- As a couple, how did it feel to work with this counselor?
- What did you think of the session?
- Did you feel that the counselor treated you equally?

Summarize the discussion by reinforcing the importance of preparing couples for their results and working with the couple as a unit.

Wrap-Up

Answer any questions participants may have. Then give the participants a short (2-minute) stretch break before beginning Module Four: Concordant Negative Results.

Are there any questions about the role play or the material we have discussed today?

Next we are going to discuss how to work with couples whose test results are concordant negative. As we move into this material, continue to think about the importance of properly preparing couples to receive their test results. An important part of this is to support the couple in addressing HIV in terms of "we" and "our," rather than "I," "his," or "hers."

Let's take a 2-minute stretch break before we begin Module Four.

References

Luft J. Group processes: an introduction to group dynamics, 2nd edn. Palo Alto, CA: National Press Books, 1970.

Skerrett K. (2003). Couple dialogues with illness: expanding the “we.” *Family Systems and Health* 2003; 21(1): 69-80.

Handouts

Module Three: Initial Session of the CHCT Intervention

Guidelines for Role Play

- The role play is intended to give the counselor an opportunity to practice the protocol and couple counseling skills.
- The counselor should use the scripts for guidance when conducting the counseling session.
- Each member of the couple is asked to play a reasonable and cooperative partner in a supportive couple.
- The couple should follow the background information provided about the couple's life stage and their interpersonal situation. Separate information is provided for the husband and the wife.
- When asked a question by the counselor, please respond in a forthcoming and brief manner.
- Stay in your role while at the same time try and be encouraging and supportive of the counselor.
- You should pay attention to:
 - How it feels to be in a couple receiving CHCT services
 - What questions were helpful or thought-provoking
 - What questions created tension for you and your "partner" or made you uncomfortable
 - Were your issues and concerns as a couple addressed
 - What skills the counselor was using

Remember this is a learning process for the counselor:

- The counselor will be reading some from the protocol questions
- The counselor will be looking down to make sure he or she is covering each task in each component of the protocol
- The counselor may need to pause and think about what to ask next, how to respond or what skills he or she needs to use
- The counselor may repeat a question because this is new

If your role play finishes before time is called, spend a few moments quietly providing feedback to the counselor:

- Tell him or her something you thought he did really well
- Suggest something you feel he or she should do more of
- Provide constructive recommendations

Handout 3-1

Initial Session Role Play

Couple: Peter age 29, accountant, and Margaret age 25, primary school teacher

Relationship: Together 3 years and married 2 years

Children: 2 year old daughter

The couple met during Margaret's second year at the university, the same year Peter was finishing his educational training. They acknowledge that student life at the university was somewhat carefree and groups of classmates routinely had parties, went to the local clubs to dance, and generally had a good time. They never really talked very much about relationships they had with other people, but it was understood between them that they both dated before meeting each other. Once they met though it was clear they were meant for each other. In the beginning they used condoms to prevent pregnancy, as they wanted to plan their future together. About the same time they were getting married, Margaret found out she was pregnant. Although it wasn't planned, they were thrilled, as were their families. These days they no longer use condoms because Peter never really liked them and they would like to have another child. A cousin of Peter's who probably had AIDS recently died after being ill for some time and left behind a wife and three children. This caused Peter and Margaret to talk more openly about their HIV AIDS concerns. They decided it was important for them to go together for couple counseling

You are Peter:

Peter is the prime of his life. He has a beautiful wife and a healthy 2 year old baby girl. His career as an accountant is going quite well and he has been able to provide nicely for his family. In his work he travels occasionally to visit other manufacturing facilities run by his company in neighboring countries. There is also discussion that he may be sent away for a six-week course in auditing. This is the opportunity of a lifetime. However, he thinks that he must be careful especially if he goes out to a club and has a few beers with his co-workers. He loves his wife and would not want to jeopardize their dreams and their future.

Initial Session Role Play

Couple: Peter age 29, accountant, and Margaret age 25, primary school teacher

Relationship: Together 3 years and married 2 years

Children: 2 year old daughter

The couple met during Margaret's second year at the university, the same year Peter was finishing his educational training. They acknowledge that student life at the university was somewhat carefree and groups of classmates routinely had parties, went to the local clubs to dance, and generally had a good time. They never really talked very much about relationships they had with other people, but it was understood between them that they both dated before meeting each other. Once they met though it was clear they were meant for each other. In the beginning they used condoms to prevent pregnancy, as they wanted to plan their future together. About the same time they were getting married, Margaret found out she was pregnant. Although it wasn't planned, they were thrilled, as were their families. These days they no longer use condoms because Peter never really liked them and they would like to have another child. A cousin of Peter's who probably had AIDS recently died after being ill for some time and left behind a wife and three children. This caused Peter and Margaret to talk more openly about their HIV AIDS concerns. They decided it was important for them to go together for couple counseling

You are Margaret:

Margaret is from a small village and is the eldest in her family. As a young girl she was quite bright and did well in school. Since she was a good student, her parent's supported her to go to the university to become a teacher. It is their hope that in time she will be in a position to help out her brothers and sisters. Margaret enjoys the life she shares with Peter and feels he is very supportive. Margaret has recently returned to teaching and her sister helps care for her daughter. Peter has done well at work and has an opportunity to go for a six-week training in a neighboring country. Although this is a very promising opportunity, Margaret is concerned about what can happen when a man travels and gets lonely.

Counselor's Script: Initial Session

Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couple Services	
<i>Task</i>	<i>Script</i>
<p>1. Introduce yourself and describe your role as the counselor.</p>	<p>Hello, my name is _____, and I will be your counselor today.</p> <p>I am happy to see that you have come in together for HIV counseling and testing.</p> <p>I am sure you know that HIV is a major problem in our community and I am glad to see that you are acting responsibly by getting tested.</p>
<p>2. Discuss the benefits of CHCT:</p> <ul style="list-style-type: none"> • Learning about their HIV status together • Providing an opportunity for both partners to deal with their HIV concerns together 	<p>There are many important benefits associated with receiving HIV counseling and testing as a couple. For most couples, getting tested together is the best way to deal with HIV infection in the family, because:</p> <ul style="list-style-type: none"> • You both learn important information about HIV. • You can make decisions together about how to deal with HIV.
<p>3. Describe the conditions for receiving CHCT services. Conditions include:</p> <ul style="list-style-type: none"> • Discussing risk concerns • Willingness to receive results together • Commitment to shared confidentiality • Mutual disclosure decisions 	<p>To benefit from our session today, it is important that each of you is willing to do several things:</p> <ul style="list-style-type: none"> • First, agree that you will both discuss your concerns about HIV. I want both of you to be able to express your concerns about HIV and getting tested. • Second, agree that you will receive your test results together. This means that you will know the HIV status of your partner as well as yourself. • Finally, you need to be mindful of how you share your HIV result and your partner's HIV result. I would like for you to agree that you will not tell anyone else unless you both are willing. You should make decisions together about sharing your test results with other people.

<p>4. Address expectations, roles and responsibilities of the couple in CHCT.</p> <ul style="list-style-type: none"> • Partners participate equally. • Listen and respond to each other. • Treat each other with respect and dignity. • Engage in open and honest discussion. • Provide understanding and support. 	<p>I also would like to talk about what is expected of you as individuals and as a couple during the counseling and testing session:</p> <ul style="list-style-type: none"> • First, participate equally in the discussion. • Second, listen carefully and respond to each other. • Third, treat each other with respect and dignity. • Fourth, be as open and honest as possible. • And finally, do your best to provide understanding and support to each other.
<p>5. Obtain concurrence to receive CHCT.</p>	<p>Are both of you comfortable with what I have said so far and willing to continue with the session?</p> <p>Do both of you want to be tested and receive your results together?</p> <p><i>If yes, proceed.</i> <i>If no, discuss individual counseling and testing.</i></p>
<p>6. Give a session overview. Include what will be covered and estimate how long the session will take. The session includes:</p> <ul style="list-style-type: none"> • Reviewing the couple's situation • Discussing HIV risk issues and concerns • Preparing for the HIV test and discussing possible results • Taking the rapid HIV test • Receiving results • Counseling based on results 	<p>Let's talk about how we will proceed:</p> <ul style="list-style-type: none"> • First, I will ask some questions that will help me understand your relationship. • Then we will talk about your concerns about HIV. • We will talk about possible HIV test results. • You will receive a rapid HIV test. After about 20 minutes, the results will be ready. • We will discuss your results, and I will answer any questions you have. • The entire session will last about an hour.

Component II: Explore Couple's Relationship and Reason for Seeking CHCT Services

<i>Task</i>	<i>Script</i>
<p>1. Establish the nature and duration of the couple's relationship, including:</p> <ul style="list-style-type: none"> • Living arrangements (including if couple has been separated due to employment) • Marital status (ask if in polygamous relationship) • Plans for the future 	<p>First let's talk about your relationship. I need to ask you some questions so that I can understand your life together. Can you please tell me about yourselves, such as your living arrangements, have you been separated because of employment, are you married, are you in a polygamous relationship, have you had sex with each other and what are your plans for the future?</p>
<p>2. Address family planning and childbearing issues and choices, as appropriate.</p>	<p>Do you have children? Are you planning to have children?</p> <p>What family planning methods are you now using?</p>
<p>3. Review how the couple came to the decision to seek CHCT services:</p> <ul style="list-style-type: none"> • Decision process 	<p>How did you decide to come together for HIV counseling and testing today?</p>
<p>4. Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.</p>	<p>How does each of you feel about getting tested for HIV and receiving your results together?</p>
<p>5. Summarize and reflect on the couple's history and current situation.</p>	<p>Let me make sure I understand your situation.</p> <p><i>Summarize the couple's story.</i></p> <p>Is this correct?</p>

Component III: Discuss the Couple's HIV Risk Concerns

<i>Task</i>	<i>Script</i>
<p>1. Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future.</p>	<p>HIV has affected every community and every family. Anyone can be infected. If you have had sex with a partner whose HIV status you do not know, and you did not use a condom, you may have been exposed to HIV.</p> <p>Now let us discuss your concerns about HIV. As we talk, it is important to focus on your present and your future and to not blame each other for what might have occurred in the past.</p>
<p>2. Address indicators of increased likelihood of testing HIV positive.</p> <ul style="list-style-type: none"> • Note factors frequently associated with risk behavior, such as a history of illnesses, STIs, or TB. • Listen for possible risk circumstances, such as: <ul style="list-style-type: none"> ○ Separation because of travel or work ○ Alcohol or drug use (especially intravenous drug use) ○ Second wife or multiple partners ○ Men having sex with men ○ Commercial sex workers ○ Occupational exposure for health care workers 	<p>Is there anything that makes you think you are at risk for HIV? Do you have any particular concerns about HIV?</p> <p>Have either of you had any symptoms or illnesses that cause you to be concerned that you may have HIV?</p>
<p>3. Summarize the risk discussion and provide motivation and support.</p>	<p>Let me summarize to make sure I understand correctly.</p> <p><i>Summarize.</i></p> <p>Is this correct? Is there anything you would like to add?</p>

Component IV: Prepare for Testing and Discuss Possible Results.

<i>Task</i>	<i>Script</i>
<p>1. Explain the meaning of positive and negative results.</p>	<p>Let's talk for a minute about the testing process and possible test results.</p> <p>A positive HIV test result means you have HIV. A negative result means you do not have HIV.</p>
<p>2. Explain that the couple could have the same results:</p> <ul style="list-style-type: none"> • Concordant positive • Concordant negative 	<p>As a couple, it is possible that you could both be HIV-negative; that is, neither of you is infected. It is also possible that you could both be HIV-positive; that is, both of you are infected.</p>
<p>3. Discuss discordance:</p> <ul style="list-style-type: none"> • Discordance occurs frequently • Discordance does not mean uninfected partner is immune • Uninfected partner remains at risk 	<p>It is also possible that you will have different test results—one partner can be infected while the other is not.</p> <p>Couples frequently receive different results'; that is, one is HIV-positive and the other is HIV-negative. Sometimes couples have been together for years and have children and still have different results. We will talk about this more when we know your results.</p>
<p>4. Guide the couple through the testing process and describe how the test results will be provided:</p> <ul style="list-style-type: none"> • The couple will have results that are either the same or different. • Individual results will be provided. • Counseling is provided based on the test results. 	<p>Now, I'd like to briefly explain the testing process and how the results will be provided to you:</p> <ul style="list-style-type: none"> • Your finger will be pricked and a small amount of blood will be taken for the test. • The results will be ready in approximately ___ minutes. • When the test results are ready, I will give each of you your results together. • We will spend time talking about the meaning of the results for you as a couple. If one or both of you are HIV-positive, we will discuss the care, treatment, and support services that are available to you. If one or both of you are HIV-negative, we will discuss how to protect yourselves from getting infected with HIV.

Overheads

Module Three: Initial Session of the CHCT Intervention

Conditions for Receiving CHCT Services

- Partners agree to discuss HIV risk issues and concerns together.
- Couple is willing to receive results together.
- Couple commits to shared confidentiality.
- Disclosure decisions are made mutually.

Overhead 3-1

Roles, Responsibilities, and Expectations of the Couple

- Participate equally in the discussion
- Listen carefully and respond to each other
- Treat each other with respect and dignity
- Be as open and honest as possible
- Provide understanding and support to each other

Overhead 3-2

Realities of Couple HIV Counseling and Testing

- CHCT is not marriage counseling.
- Couple issues are more important than individual issues in CHCT.
- Couple may reveal feelings not discussed previously within the couple.

Overhead 3-3

Realities of Couple HIV Counseling and Testing (Continued)

- Couples may want to use CHCT to address longstanding issues in their relationship.
- Couples may have issues in their relationship unrelated to HIV.
- Couple—not counselor—is ultimately responsible for what happens in the relationship.

Overhead 3-4

Terms and Definitions of CHCT

- 1) Intervention—A strategy for achieving a specific goal
- 2) Component—A sequence of specific and related tasks that should be addressed when going through the protocol

Overhead 3-5

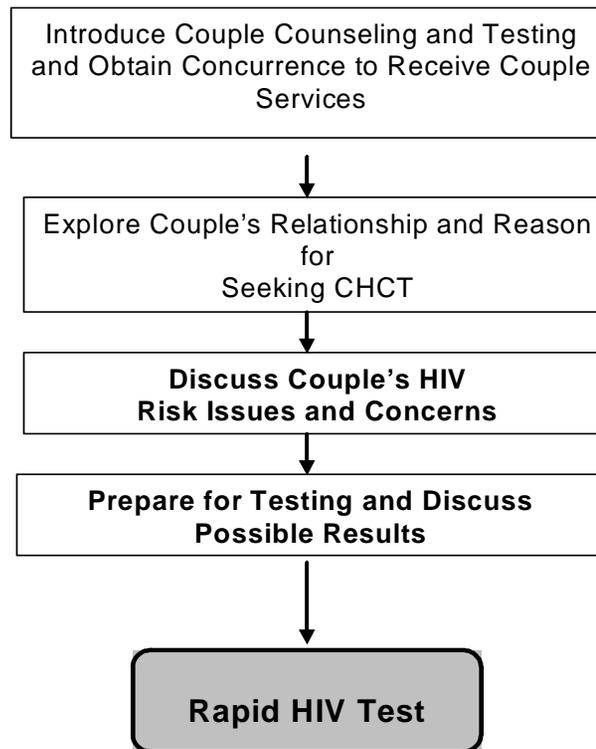
Terms and Definitions of CHCT

(continued)

- 3) Task—Series of ordered activities to be fulfilled in order to accomplish each component
- 4) Objective—Provides the rationale for focusing on and achieving each of the tasks to be completed
- 5) Script—Consists of questions and remarks that are designed to draw information and accomplish the task

Overhead 3-6

CHCT Intervention: Initial Session



Overhead 3-7

Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couple Services

TASK 1: Introduce yourself and describe your role as the counselor.

TASK 2: Discuss the benefits of CHCT.

TASK 3: Describe conditions for receiving CHCT services.

TASK 4: Address expectations, roles, and responsibilities of the couple.

Overhead 3-8

Component I (Continued)

TASK 5: Obtain concurrence to receive CHCT.

TASK 6: Give a session overview, including content and timing.

Overhead 3-9

Presexual Couples

- May use CHCT to decide whether to pursue long-term relationship based on test results.
- If discordant, it's possible the relationship will dissolve.
- HIV-infected partner may have reasonable confidentiality concerns that HIV-negative partner may disclose results.
- Counseling session may focus on how the couple will supportively manage changing the course of their relationship.

Overhead 3-10

Engaged Couples

- May have difficulty continuing relationship if discordant.
- May be publicly recognized by family and friends as engaged and in a serious relationship.
- May have limited skills and experience in dealing with stressful and difficult circumstances as a couple.

Overhead 3-11

Married or Cohabiting Couples

- Define their lives collectively, as a couple.
- Have skills and experience in coping together with problems.
- May have preexisting conflicts and issues in their relationship.

Overhead 3-12

Polygamous Couples

- Have complex dynamics.
- If only one wife is present for CHCT, there are potentially problematic implications for the absent wife or wives.

Overhead 3-13

Reuniting Couples

- Reasons for separation may influence the dynamics of the CHCT session.
- Couple may have been separated for a long time.
- Counselor must acknowledge the existence of past issues.
- Counselor must keep couple focused on present and future.

Overhead 3-14

Component II: Explore the Couple's Relationship and Reason for Seeking CHCT Services

TASK 1: Establish the nature and duration of the couple's relationship, including:

- Living arrangements
- Marital status
- Plans for the future

TASK 2: Address family planning and childbearing issues and choices, as appropriate

TASK 3: Review how the couple came to the decision to seek CHCT services:

- Couple's decision process

Overhead 3-15

Component II (Continued)

TASK 4: Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.

TASK 5: Summarize and reflect on the couple's history and current situation.

Overhead 3-16

<p style="text-align: center;">OPEN</p> <p style="text-align: center;">Issues that are open, shared, discussed</p>	<p style="text-align: center;">PRIVATELY DISCUSSED</p> <p style="text-align: center;">Issues that are understood, acknowledged, or privately discussed</p>
<p style="text-align: center;">NOT DISCUSSED</p> <p style="text-align: center;">Issues that are imagined or believed, and rarely, if ever, discussed</p>	<p style="text-align: center;">HIDDEN</p> <p style="text-align: center;">Issues that are hidden, protected, and kept secret</p>

Johari's Window for Couples

Overhead 3-17

When Discussing the Couple's HIV Risk Issues and Concerns

- Focus on the couple's present and future.
- Diffuse blame.
- Address risk issues each partner is capable of disclosing.
- Emphasize communication and cooperation.
- Deal with potential undisclosed risk issues in the abstract.

Overhead 3-18



Overhead 3-19

Limitations of Individual Risk Assessments When Working with Couples

1. Undermines the couple's decision to deal with HIV in their relationship together.
2. Counselor may learn information one partner is unwilling to disclose to the other.
3. Confidential issues may influence counselor to support one partner unintentionally.
4. Separating partners implies there are secrets.

Overhead 3-20

Component III: Discuss Couple's HIV Risk Issues and Concerns

TASK 1: Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future.

TASK 2: Address indicators of increased risk.

- Note factors frequently associated with HIV infection, such as history of illness, STIs, or TB
- Listen for possible risk circumstances, such as:
 - Separation because of travel or work
 - Alcohol or drug use
 - Second wife or multiple partners
 - Men having sex with men
 - Commercial sex workers
 - Occupational exposure for Health Care Workers

TASK 3: Summarize the risk discussion and provide motivation and support.

Overhead 3-21

Component IV: Prepare for Testing and Discuss Possible Results

TASK 1: Explain the meaning of positive and negative results.

TASK 2: Explain that the couple could have the same results:

- Concordant positive
- Concordant negative

Overhead 3-22

Component IV (Continued)

TASK 3: Discuss discordance.

- Discordance occurs frequently
- Does not mean uninfected partner is immune
- Uninfected partner remains at risk

TASK 4: Guide the couple through the testing process, and describe how the test results will be provided:

- The couple will have results that are either the same or different
- Individual results will be provided
- Counseling is provided based on the test results.

Overhead 3-23

Choosing How to Deliver HIV Test Results to a Couple

Factors to consider:

- Partners chose to come together to learn their HIV status as a couple
- Couple may be either concordant or discordant.
- Each partner individually is either HIV-positive or HIV-negative.

Overhead 3-24

Choosing How to Deliver HIV Test Results to a Couple (Continued)

Factors to consider:

- The better able the partners are to handle HIV in their shared lives as a couple, rather than as individuals, the more likely they will be able to cope.
- Counselor should support the couple to address HIV in terms of “we” and “our,” rather than “I,” “his,” or “hers.”

Overhead 3-25

Choosing How to Deliver HIV Test Results to a Couple (Continued)

Factors to consider:

- Counselor provides a summary of the results to the couple.
- If discordant, counselor starts by saying the results are different.
- Counselor provides results for the HIV-positive partner first.

Overhead 3-26

Providing Test Results

Concordant:

“Both of you have tested HIV-positive.”

OR

“Both of you have tested HIV-negative.”

Discordant:

FIRST: “Your test results are different.”

THEN: Provide HIV-positive result to infected partner.

Overhead 3-27